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RPTO/SB/21 (08-00)

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PTO TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/348,652	
	Filing Date	July 6, 1999	
	First Named Inventor	Graham, Jamey	
	Group Art Unit	2178	
	Examiner Name	Paula, Cesar B.	
Total Number of Pages in This Submission	7	Attorney Docket Number	015358-005500US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Return receipt postcard 2) One (1) reference 3) PTO/SB/17 fee transmittal form 4) SB08A and SB08B
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. Total number of pages <u>does not</u> include cited references.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Sujit B. Kotwal Reg No. 43,336
Signature	S. B. Kotwal
Date	January 12, 2006

CERTIFICATE OF MAILING			
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Typed or printed name	Christopher R. Fitting	Date	January 18, 2006
Signature			

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60677909 v1

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4281).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180.00)

Complete if Known

Application Number 09/348,652
Filing Date July 6, 1999
First Named Inventor Graham
Examiner Name Paula, C. B.
Art Unit 2178
Attorney Docket No. 015358-005500US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
-20 or HP = _____ x _____ = \$0 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
-3 or HP = _____ x _____ = \$0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement (after office action)

Fees Paid (\$)

180.00

SUBMITTED BY

Signature	S. B. Kotwal	Registration No. (Attorney/Agent) 43,336	Telephone (650) 326-2400
Name (Print/Type)	Sujit B. Kotwal		Date January 12, 2006

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT
Attorney Docket No.: 015358-005500US
Client Reference No.: ID-RSV-197

On _____

TOWNSEND and TOWNSEND and CREW LLP

By: _____



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of:

JAMEY GRAHAM

Application No.: 09/348,652

Filed: July 6, 1999

For: METHOD AND SYSTEM FOR
CREATING A DOCUMENT INTEREST
PROFILE

Group Director: 2178

Examiner: Cesar B. Paula

Art Unit: 2178

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The reference cited on the attached PTO/SB/08A form is being called to the attention of the Examiner. A copy of the reference is enclosed. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and that the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference

should be made that the information and references cited are prior art merely because they are in this statement.

This IDS is being filed on or before payment of the issue fee.

CERTIFICATION

I hereby certify that no item of information contained in the Information Disclosure Statement filed herewith was cited in a communication from a foreign patent office in a counterpart foreign application, and, to my knowledge after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of this Information Disclosure Statement.

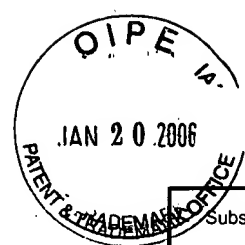
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

S. B. Kotwal

Sujit B. Kotwal
Reg. No. 43,336

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60677879 v1



Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

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of

2

Complete if Known

Application Number	09/348,652
Filing Date	July 6, 1999
First Named Inventor	Graham, Jamey
Art Unit	2178
Examiner Name	Cesar B. Paula
Attorney Docket Number	015358-005500US

NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner
SignatureDate
Considered

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.